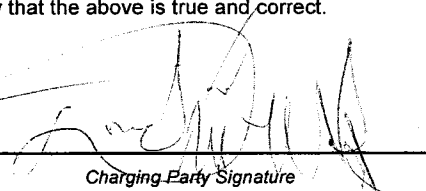


EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented by: <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC		Agency(ies) Charge No(s): 423-2012-01396
and EEOC				
State or local Agency, if any				
Name (indicate Mr., Ms., Mrs.) Mr. David Lee Miller		Home Phone (Incl. Area Code) (937) 232-7786		Date of Birth 10-11-1959
Street Address 6295 Old Canton Road, #40-A, Jackson, MS 39211		City, State and ZIP Code JACKSON, MS 39211		RECEIVED EEOC/JAO
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)				
Name AMERICAN PUBLIC UNIVERSITY		No. Employees, Members 201 - 500		Phone No. (Include Area Code) (703) 396-6868
Street Address 10110 Battlevue Pkwy, #114, Manassas, VA 20109		City, State and ZIP Code MANASSAS, VA 20109		RECEIVED EEOC/JAO
Name 		No. Employees, Members 		Phone No. (Include Area Code)
Street Address 		City, State and ZIP Code 		
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)				DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 09-30-2011 02-01-2012 <input checked="" type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>Respondent is an on-line university. I began working for them in March 2008 as an adjunct professor. In September 2011, I requested a reasonable accommodation for a consistent teaching schedule, to be effective in the December 2011, semester. However, come December, after seeing my schedule, my request was not granted as requested. After looking into it, I was told that I needed additional forms signed by my physician.</p> <p>During this time with the holiday season, my physician was away and as a disabled veteran, it takes time for paperwork to be routed through the Veterans Administration. This is why I initially gave Respondent at least ten weeks advance notice of my request. That semester passed without an accommodation. I did sign a contract for the following semester (semesters last two months) that was accommodating.</p> <p>Subsequently, January 16, 2012, Chief Administrative Officer, Pete Gibbons offered me a settlement to leave the university. I declined. As a result, subsequent contracts have been altered/cut resulting in a significant pay cut.</p>				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements		
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT		
May 30, 2012 Date		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		
 Charging Party Signature				

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC**423-2012-01396**

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I believe that I have been denied a reasonable accommodation and retaliated against, in violation of the Americans with Disabilities Act of 1990.

RECEIVED

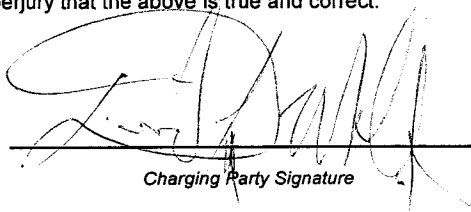
EEOC/JAO

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

May 30, 2012

Date



Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)